COSTES REPUREMENTAL  (City phase and date)  THE UNITED STATES, Dr.,  Payer's Account No.  (City phase and date)  (	, (Amended re	Dinary 20, 1802)	For Release 2000 S SERVICE								_	
Control of the United States, Dr.,  Payer's Account No	IJ <b>. S.</b>		COSTS REIV	BURSABLE				PAID BY				
The UNITED STATES, Dr.,  Page's Account No.  (Page)  (Page)  (Page)  (Charles)  (Charles	7 <b></b>	and at										
COPY OR COPY O	oucner prep	оатеа аі		(Give place and date)		~		1		a and reference of the C		
Costs  Co	HE UNITED S	STATES, Dr.,	Payee's	Account No				- 11	10	ミンリ		
(Chey)  (Addres)  (Addres)  (Chey)  (Sinte)  (Aptrocles or Services)  (Enter description, item number of contract or Federal anapply or Sarvices)  (Cost b)  (Cost b)  (Cost per description, item number of contract or Federal anapply or Sarvices)  (Cost per Dollars  (Cost per Dol	r <u>.</u>							C	OPYI U	2	4	
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Cost Per Dollars  Cost Per Dol			ıpply	OHINTITY	UNIT PRICE		AMOUN'	Г				
Costs  Costs  Costs  Costs  Complete   Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total \$ 5,43.  Sertify that the above bill is correct and just and that payment has not been received.  STATINTL (Sign original only)  Date   Contract No. Alol Date   Contract No. Contract No. Alol Date   Contract No. Contract No. Alol Date   Contract No. Cont	No. and Date of Order		schedule, and other	r information deem	ed necessary)		QUANTITI	Cost	Per	Dollars	Cts.	
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APPROVING OFFICER  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM  ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)  STATINTL  Use continuation sheet(s) if necessary  We dight Government B/L No.  (Payce must NOT use this space)  (Payce must												
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## Standard Form No. 1035a—Revised Form prescribed by Comptroller General, U. S. September 7 1950 ed. For Release 2000/05/03 CIA-RDR64 (Gen. Reg. No. 4D 8100 ed. For Release 2000/05/03 CIA-RDR64

MEMORANDUM

CONTINUATION SHEET

n	Date of	APTIOI PO CT	T			T	
No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	Cost	PRICE Per	AMOUN Dollars	Cts
		Contract AlOl - Costs applicable to all systems	-				
		Direct Costs Properly Chargeable to Contract AlOl for the period 10/8/56 thru 10/14/56			ST	ATINTL	
		Labor Week Ending October 14, 1956					
TATINTL		Overhead computed for the Communications Division at interim rate of					
		Other Costs - Sheet No. 2				918.	62
		Total Labor, Overhead and Other Costs					
ATINTL		G & A expense computed at interim rate of				,	
	in g	Total Costs			*	5,431.	42
						STATIN	ITL

Standard Form No. 1035a—Revised
Form prescribed by
Comptroller Georgia Form Release 2000/05/03; CIA RDP64-00360R000400120011-3 MEMORANDUM
(Gen. Reg. No. 51, Supp. No. 11)
Services Other Than Personal

CONTINUATION SHEET

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I. S		COST RI	ETMBURSABLE eau, or establishment)	Sheet No.	2			er No. 46	
No. and Date of Order	Date of Delivery or Service	(Enter descript	ARTICLES OR SERVICES ion, item number of contract or Fe and other information deemed ne	oderal supply schedule, cessary)	QUAN- TITY	Cost	PRICE Per	AMOUN Dollars	Cts.
of Order	or Service	Check N 811 811 795 795 811 658 671 751 693 693 719		P.O. No. 29423 29423 29423 29423 29861 29878 29789 29398 29582 29647 29356 29477 29929				94 138 26 40 15	95 95 65